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APPLICANTS

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** CONTINUING DATA ***** *mct*

This appln claims benefit of 60/418,531 10/15/2002

** FOREIGN APPLICATIONS ***** *mct*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 0	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *mct* Examiner's Signature *mct* Initials

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TITLE
 Herbal dietary supplement

FILING FEE RECEIVED 514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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